No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9680

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Moniteau County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Walker

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California, Mo.
d. STREET ADDRESS (If rural, give location): Rural Moniteau County

3. NAME OF DECEASED (Type or Print) a. (First): ROSE ANN PACE b. (Middle): c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 6, 1857
9. AGE (In years last birthday): 92 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Adams County, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Leaton,
13b. MOTHER'S MAIDEN NAME: Lucinda Davis
14. NAME OF HUSBAND OR WIFE: Martin Wilson Pace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Geo. Wagner, ADDRESS: California, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Viralic Hepatitis — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis — 4 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 4500

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 23, 1949, *to* Jan. 17, 1950, *that I last saw the deceased alive on* Jan. 17, 1950, *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. P. Burks, Jr. (Degree or title): M.D.
23b. ADDRESS: California, Mo.
23c. DATE SIGNED: Jan. 18, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/19/50
24c. NAME OF CEMETERY OR CREMATORY: Smiths Chapel, Saline County, Mo.
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 1-19-50
REGISTRAR'S SIGNATURE: H. R. Popejoy
25. FUNERAL DIRECTOR'S SIGNATURE: WILLIAMS FUNERAL HOME, ADDRESS: California, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 20 1950
District Health Officer No. 9,
District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed H. E. Friedmayer

Licensed Embalmer No. 12854

P. O. Address California M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.